



APPLICATION FOR

- **NITROUS OXIDE PERMIT**
- **LEVEL 1: MINIMAL SEDATION PERMIT**

TEXAS STATE BOARD OF DENTAL EXAMINERS
333 Guadalupe Street, Tower 3, Suite 800
Austin, Texas 78701-3942
Phone: (512) 463-6400
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INSTRUCTIONS FOR COMPLETING THE APPLICATION

This application is for a permit to administer Nitrous Oxide or administer Minimal Sedation – Level 1 in the State of Texas. When completing this application, please be advised of the following:

Dentists licensed in the State of Texas shall obtain an anesthesia permit for the following anesthesia procedures used for the purpose of performing dentistry:

- (1) Nitrous Oxide/Oxygen Inhalation Sedation;
- (2) Level 1: Minimal Sedation;
- (3) Level 2: Moderate Sedation limited to enteral routes of administration;
- (4) Level 3: Moderate Sedation which includes parenteral routes of administration; or
- (5) Level 4: Deep Sedation or General Anesthesia.

• **NITROUS OXIDE/OXYGEN INHALATION SEDATION PERMIT.**

Education and Professional Requirements: A dentist applying for a Nitrous Oxide/Oxygen Inhalation Sedation Permit shall meet **ONE** of the following educational/professional requirements listed below and submit proof of course completion:

- Completion of a comprehensive training program consistent with that described for nitrous oxide/oxygen inhalation sedation administration in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. This includes a minimum of fourteen (14) hours of training, including a clinical component, during which competency in inhalation sedation technique is achieved. Acceptable courses include those obtained from academic programs of instruction recognized by the American Dental Association (ADA) Commission on Dental Accreditation (CODA); OR courses approved and recognized by the American Dental Association (ADA) Continuing Education Recognition Program (CERP); OR courses approved and recognized by the Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE).
- Completion of an American Dental Association (ADA) Commission on Dental Accreditation (CODA) approved or recognized pre-doctoral dental or post-doctoral dental training program which affords comprehensive training necessary to administer and manage nitrous oxide/oxygen inhalation sedation.

Standard of Care Requirements: Reference TSBDE Rule 110.3(b).

Clinical Requirements: Reference TSBDE Rule 110.3(c).

• **LEVEL 1: MINIMAL SEDATION PERMIT.**

Definition: A minimally depressed level of consciousness produced by a pharmacological method, which retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command.

Nitrous Oxide may be used in combination with a single enteral drug in minimal sedation.

Education and Professional Requirements: A dentist applying for a Minimal Sedation: Level 1 permit shall meet **ONE** of the following educational/professional criteria and submit proof of course completion:

- Completion of training to the level of competency in minimal sedation consistent with that prescribed in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, or a comprehensive training program in minimal sedation that satisfies the requirements described in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. This includes a minimum of sixteen (16) hours of didactic training and instruction in which competency in enteral and/or combined inhalation-enteral minimal sedation technique is demonstrated.
- Completion of an advanced education program accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) that affords comprehensive training necessary to administer and manage minimal sedation, commensurate with the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.

Standard of Care Requirements: Reference TSBDE Rule 110.4(b).

Clinical Requirements: Reference TSBDE Rule 110.4(c)



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INSTRUCTIONS:

- Complete all questions and include a copy of documentation showing proof of completion of a qualifying course and patient experiences
- The fee the same whether you are applying for one or both privileges.
- Fees are non-refundable.

FEE

\$32.00

PERSONAL CHECK OR MONEY ORDER

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Business

Address: _____
Street City State Zip

Daytime Telephone: _____ Alternate Telephone: _____ TX Dental License #: _____
(Area Code) (Area Code)

Dental School: _____ Degree: _____ Year of Graduation: _____

Post Graduate School: _____ Program: _____ Year of Completion: _____

LIFE SUPPORT CERTIFICATIONS

Attach a copy of Card to this Application. **Requirement** – To hold a Nitrous Oxide Permit or Minimal Sedation – Level 1 Permit a dentist must hold a Basic Life Support (BLS) Certification.

- Date CPR Card Issued: _____
- Date CPR Card Expires: _____

DISCIPLINARY HISTORY AND LICENSE IN GOOD STANDING

In accordance with TSBDE Rule 110.2(b)(4) - An applicant for a sedation/anesthesia permit must be licensed by and should be in good standing with the TSBDE. "Good Standing" means that the dentist's license is not suspended, whether or not the suspension is probated. Applications from licensees who are not in good standing may not be approved.

1. ____ Yes ____ No Have you been the subject of disciplinary action not yet reported to the TSBDE. (If you answer "Yes" you must attach application regarding disciplinary action not previously reported to the TSBDE.)
2. ____ Yes ____ No Have you been arrested, indicted, convicted or received a court order for any criminal offense not yet reported to the TSBDE. If you answer "Yes" you must attach documents to this application regarding criminal offenses that have not been reported to the TSBDE.)
3. ____ Yes ____ No Have you ever been denied a Drug Enforcement Administration (DEA) or Texas Department of Public Safety (DPS) controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended, voluntarily surrendered or revoked?

PERMIT SELECTION

I am applying for: (✓ Check one or both)

_____ **Nitrous Oxide Permit:**

Instructions: Attach a copy of course completion for a Nitrous Oxide Permit.

_____ **Minimal Sedation - Level 1 Permit:**

Instructions:

- Date of TSBDE Nitrous Oxide Certification Issued: _____

AND

- Attach a copy of proof of course completion that specifies the number of didactic hours and clinical cases achieved during training for a Level 1: Minimal Sedation Permit.

APPLICANT NAME _____

**AFFIDAVIT OF APPLICANT APPLICATION
NITROUS OXIDE PERMIT | LEVEL 1: MINIMAL SEDATION PERMIT**

I, the below named applicant, hereby declare under penalty of perjury that I am the person described and identified in this application and that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such an act shall constitute cause for denial, suspension, or revocation of my license or permit to provide Nitrous Oxide or Level 1: Minimal Sedation. I also declare that if I did not personally complete the foregoing application that I have fully read and confirmed that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I understand that I have no legal authority to administer Nitrous Oxide or Level 1: Minimal Sedation, until a permit has been granted.

I certify that I am trained and capable of administering Basic Life Support and that I employ qualified auxiliary personnel to assist in monitoring a patient under Nitrous Oxide. Such personnel are trained in and capable of monitoring vital signs, assisting in emergency procedures, and administering basic life support. I understand that a dentist performing a procedure for which Nitrous Oxide or Level 1: Minimal Sedation is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one qualified auxiliary personnel.

I understand that if a patient enters a deeper level of sedation than what I am qualified to provide, I must stop the dental procedure until the patient returns to the intended level of sedation. I understand that I am responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of Nitrous Oxide or Level 1: Minimal Sedation and providing the equipment and protocols for patient rescue. I understand that I must be able to rescue patients who enter a deeper state of sedation than intended and must be prepared to treat emergencies that may arise from the administration of Nitrous Oxide/Oxygen Inhalation Sedation and Level 1: Minimal Sedation.

I am aware that pursuant to Title 22, Chapter 108, of the Texas Administrative Code, I must report any adverse occurrences related to the use of sedation.

I hereby authorize the release of any and all information and records the Board shall deem pertinent to the evaluation of this application, and shall supply to the Board such records and information as requested for evaluation of my qualifications for a permit to administer moderate sedation in the State of Texas.

I understand that based on evaluation of credentials, facilities, equipment, personnel, and procedures, the Board may place restrictions on the permit.

I further state that I have read the rules related to the use of Anesthesia and Sedation as described in Title 22, Chapter 110, of the Texas Administration Code. I hereby agree to abide by the laws and rules pertaining to the practice of dentistry and anesthesia and sedation in the State of Texas.

**MUST BE SIGNED
IN THE PRESENCE
OF A NOTARY PUBLIC ➤**

SIGNATURE
OF APPLICANT:

SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____, YEAR _____

NOTARY PUBLIC SIGNATURE: _____

NOTARY PUBLIC NAME
(TYPED OR PRINTED): _____

(NOTARY SEAL)

MY COMMISSION EXPIRES: _____